

## **APPLICATION DATA SHEET**

### **Application Information**

Application Number:: Not Yet Assigned  
Filing Date:: December 1, 2003  
Application Type:: Regular  
Subject Matter:: Utility  
Title:: APPARATUS AND METHOD  
FOR USE IN FULFILLING ILLUMINATION  
PRESCRIPTION  
Attorney Docket Number:: 3084.005  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure:: 14  
Total Drawing Sheets:: 13  
Small Entity?:: No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship:: US  
Given Name:: Yupin  
Family Name:: Sun  
City of Residence:: Yorba Linda  
State or Province of Residence:: California  
Country of Residence:: US  
Street of mailing address:: 20445 Via Canarias  
City of mailing address:: Yorba Linda  
State or Province of mailing address:: California  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 92887

Applicant Authority Type:: Inventor  
Primary Citizenship:: US  
Given Name:: Waqidi  
Family Name:: Falicoff  
City of Residence:: Newport Beach  
State or Province of Residence:: California  
Country of Residence:: US  
Street of mailing address:: 1168 Campanile  
City of mailing address:: Newport Beach  
State or Province of mailing address:: California  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 92600

Applicant Authority Type:: Inventor  
Primary Citizenship:: US  
Given Name:: William  
Middle Name:: A.  
Family Name:: Parkyn  
Name Suffix:: Jr.  
City of Residence:: Lomita  
State or Province of Residence:: California  
Country of Residence:: US  
Street of mailing address:: 25031 Neko Drive  
City of mailing address:: Lomita  
State or Province of mailing address:: California  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 90717

### **Correspondence Information**

Correspondence Customer Number:: 22242  
Telephone Number:: (858) 552-1311  
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**Representative Information**

Representative Customer Number:	22242
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**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/319,747	12/02/2002

**Assignee Information**

Assignee name:: Light Prescriptions Innovators, LLC  
Street of mailing address:: 16662 Hale Avenue  
City of mailing address:: Irvine  
State or Province of mailing address:: California  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 92606